NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE

LICENSE PROCESSING PO BOX 327 - 20 WEST STATE STREET

TRENTON NEW JERSEY 08625-0327

APPLICATION FOR INITIAL (RESIDENT OR NON-RESIDENT) **ORGANIZATION** (CORPORATION / PARTNERSHIP

VIATICAL SETTLEMENT BROKER LICENSE

A.	IDENTIFYING INFORMATION: Full Legal Name of Organization:
	Trade Name, If Any:
	Attach a copy of the certificate of incorporation or partnership document stamped 'FILED' by County Clerk, Secretary of State, or other recording authority. Recording by County Clerk, et al., does not guarantee acceptance by this Department – names that do not comply with N.J.A.C. 1:17-2.7 will be disapproved.
	To ensure acceptance of your business names by this department, send a written request, ATTN: Supervisor of Licensing. You will be notified of department approval. Approval guarantees acceptance of your business name only if the license application is received within ninety days of notification (New Jersey resident applicants only).
В.	BUSINESS INFORMATION: Business Address: If your Business Address is located within New Jersey, you are considered a Resident Applicant.
	Room No Suite No Apt No
	Street Address
	P.O. Box You must supply a street location address; a PO box alone is not sufficient. The City, State and Zip Code must reflect the location of the PO Box.
	City State Zip Code (Include +4, if known)
	County (If New Jersey Resident)
	Federal ID Number (EIN):
	Business Telephone Number:
	Telefax Number, If any: Area Code

Non-Residents – Attach a certification of current license status issued by an insurance licensing authority from your home state.

C. IDENTIFICATION OF ALL OFFICERS, PARTNERS, DIRECTORS AND OWNERS OF 5% OR MORE OF THE ORGANIZATION AND DESIGNATED EMPLOYEES AUTHORIZED TO ACT ON BEHALF OF THE CORPORATION. NOTE: THE FIRST OFFICER LISTED (Box 1) MUST BE THE PRIMARY CONTACT PERSON. (Please Print Clearly or Type) Name: Last, First MI (Example: Smith Jr, John A) Title: Phone Number: Are you currently or have you ever been licensed in New Jersey? Yes П No □ If yes, supply your N.J. reference number: Date of Birth: Month Day Year 2 Name: Last, First MI (Example: Smith Jr, John A) Yes No □ Are you currently or have you ever been licensed in New Jersey?

Name: Last, First MI (Example: Smith J	lr, John A		1	 		1.		لــــــــــــــــــــــــــــــــــــــ		1_1		_1	
Are you currently or have you ever been lice	nsed in New	v Jers	ey?	Yes			No						
If yes, supply your N.J. reference number:		1_1	11		Date	e of	f Birt	th:	Moi	 nth	Day	۱ - ۲	Year

Date of Birth:

Date of Birth:

No □

No 🗆

Month

Day

Date of Birth:

Date of Birth:

Yes 🗌

Yes 🗆

6 Last, First MI (Example: Smith Jr, John A)

Are you currently or have you ever been licensed in New Jersey? Yes No □

ATTACH ADDITIONAL SHEETS IF NECESSARY.

If yes, supply your N.J. reference number:

Last, First MI (Example: Smith Jr, John A)

Last, First MI (Example: Smith Jr. John A

Are you currently or have you ever been licensed in New Jersey?

Are you currently or have you ever been licensed in New Jersey?

Name: [

Name:

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Fingerprint card of both hands. Fingerprint impressions must be taken by law enforcement authorities only. Contact your local police department.

You must submit completed fingerprint cards for EACH OFFICER, PARTNER, DIRECTOR AND INDIVIDUAL OWNER OF 5% OR MORE.

	YOU MUST ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATI	E BOX	:
	1. Have you (or any officer, partner, director or owner of 5% or more if an organization) been indicted or convicted of a crime, or convicted of a misdemeanor or disorderly person offense in this state other state, or by the federal government or are such proceedings pending against you?	YES	NO
	If yes, enclose a certified copy of the indictment or judgement of conviction, which may be obtained from the clerk of the court where the conviction was entered, or the relevant summons or pleadings. In addition, you must provide a detailed explanation of the events leading to the indictment or conviction.		
	2. Have you (or any officer, partner, director or owner of 5% or more if an organization) had any business or professional license suspended or revoked (other than those related to a court ordered child support obligation) or are any such proceedings now pending?	YES	NO
	If yes, enclose a copy of the order seeking or granting suspension or revocation from professional or governmental authority.		
	3. Are you (or any officer, partner, director or owner of 5% or more if an organization) indebted (other than accounts current) to any insurance company, producer, viator, viatical settlement provider or insured, or has any judgement been rendered against you, which has not been satisfied or vacated, for money from or owed to any insurance company, producer, viator or viatical settlement provider or insured?	YES	NO
	If yes, give particulars, including complete details of any indebtedness and arrangements for repayment.		
	YOU MUST ANSWER THE FOLLOWING QUESTION BY CHECKING THE APPROPRIATE I	зох:	
	This Department is currently working with the National Association of Insurance Commissioners in the development of programs benefiting producers, regulators and insurance companies. Do you agree to permit the release of your federal identification number (EIN) to the National Association of Insurance Commissioners?	YES	NO
G.	 Broker training procedures. Detailed description of procedures used to keep medical information confidential. IDENTIFICATION OF ALL ASSOCIATED VIATICAL SETTLEMENT PROVIDERS: (PLEASE PRINT CLEARLY OR TYPE) 		
	1 Name:		
	New Jersey License Reference Number:		
	Name:		
	New Jersey License Reference Number:		
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	Name:		

	 I/WE HEREBY CERTIFY THAT: I/We intend to conduct business with the general public and not principally with respect to controlled businesses in which I/We or relative share a controlling interest. 									
:	I/WE give the New Jersey Department of Banking and Insurance permission to verify any information supplied with any federal, state or local government agency.									
;	3. All of the information in this application and all attachments is true and complete. I am/We are aware that submitting false information in connection with this application is grounds for revocation of license and may subject me/us to other civil or criminal penalties.									
	 As a licensed officer/partner of the organization, I understand that I am individually and jointly responsible for the insurance related conduct of the organization. 									
:		5. Each licensed nonresident viatical settlement broker shall, by application for and issuance of, a license be deemed to have appointed the Commissioner as agent to receive service of original legal process in this State in any cause of action or legal proceedings arising within this State out of transactions under the license. Service upon the Commissioner shall be of the same force and effect as if served on the nonresident viatical broker. This appointment shall be irrevocable for as long as there can be any cause of action against the nonresident viatical settlement broker arising out of viatical transactions for which a license is required.								
	Must be signed by all officers and partners identified in section C of page 2.									
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	Signature		// Date	Signature	// Date					
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			1 1							
		Signature	Date	Signature	Date					
l. 1	FEI	ES								
		Licensee Fee	\$75.00							
		Application Processing Fee	20.00							
	ı	Fingerprint Check Form Fee	~	_ (\$49.00 X Each Set of Two Fingerprint Forms; See bottom of section C.)					
		Total Fee	e \$							
	Α	uttach one check or monev order for the to	otal fee (as calculate	ed above) made payable to 'State Treasurer	r of New Jersey'					